

Home Health ICD-9/ICD-10 Alert

CODING UPDATE: BOOST QUALITY, RISK ADJUSTMENT WITH NEW PAIN CODES

Make sure documentation supports your use of pain diagnosis.

The new pain diagnosis codes may be especially useful if your state is focusing on pain as a quality issue. Plus they'll help with risk adjustment for many other outcomes.

If your state is working on improving pain levels with the **Quality Improvement Organization (QIO)**, the new codes will be helpful in indicating a focus of care, notes **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. Also, if you code for a patient's pain in M0230 because it is the focus of care or in M0240, when appropriate, you'll get risk adjustment for these new nervous system chapter codes in several outcome categories, she says.

Don't miss: The nervous system diagnoses don't figure into the risk adjustment for the improvement in pain outcomes, improvement in dyspnea or the utilization outcomes (acute hospitalization, emergent care and discharge to the community), Selman-Holman notes. However, the presence of pain, and especially intractable pain, provides risk adjustment on most outcomes, she says.

Most of the other outcomes are improvement in activities of daily living (ADLs), on which pain has a great impact.

Caution: With pain, as well as anxiety or obesity, your OASIS answers already give you risk adjustment for the condition without coding the diagnosis, says Selman-Holman. So don't code pain when it is not a focus of care or is the typical pain that accompanies a condition, she advises.

Thorough documentation that supports your coding choices is also important, Selman-Holman says. Make sure that your OASIS items M0420 and M0430 are consistent if you are going to code pain as a diagnosis, she says.